

A COMMUNITY OF SUPPORT FOR INFANT/TODDLER MENTAL HEALTH RESOURCES FOR PROGRAM LEADERS



Introduction

This information packet is designed to provide easily accessible information on infant and toddler mental health to inform and support those who are involved in shaping community systems to meet the mental health needs of infants and young children. The materials discuss the concept of a coordinated, comprehensive, and holistic approach that spans the national, state, and local level to support the mental health of very young children. Program leaders can use this information to raise awareness, educate others, and garner the support of community partners as they work to strengthen the system of support that is available to infants, toddlers, and their families.

WHY A COMMUNITY SYSTEM OF SUPPORT FOR INFANT/TOD-DLER MENTAL HEALTH?

Children and families benefit most when communities respond in a coordinated, holistic approach to the needs of its members. It has become increasingly clear that intervening at the earliest possible time in a child's life has the greatest potential to make a difference. The latest research on early childhood development points to the importance of social and emotional functioning as a foundational skill for all other areas of development (National Research Council and Institute of Medicine, 2000). The emotional well-being of very young children not only facilitates healthy development in childhood, but equips them to become competent, resilient, and effective human beings in all areas of their lives. Children, families, and communities benefit when resources are devoted to the full continuum of mental health promotion, prevention, and treatment intervention.

HOW THIS TOOL KIT IS ORGANIZED

This publication provides a succinct summary of relevant topics that can be used to inform and educate those who are working to develop an effective system of community resources for children and families. The materials synthesize relevant topics and are easy to reproduce and disseminate. They include:

An overview of infant mental health. This one-page summary provides a definition of infant mental health and the range of infant mental health service strategies that encompass infant mental health promotion, prevention, and treatment intervention. It is a brief introduction to the idea of "infant mental health" in relation to a community network of care and may be helpful to inform those who are unfamiliar with the concept.

A concept paper on the system "building blocks" of infant mental health policy, practice, training, and public awareness. This section delineates the critical elements of a comprehensive system of care. The information can be used to stimulate thinking about the steps to take when building or strengthening a community system of support for infant mental health.

Four briefing papers on infant mental health in relation to: (1) Early Head Start, (2) early intervention for children with disabilities through Part C of IDEA, (3) early care and education, and (4) child welfare. These papers are helpful to understand how infant/toddler mental health is currently addressed in four significant systems, and the resources and challenges facing each.

Profiles of five States that illustrate how they have developed a statewide system to address the mental health of young children, and the challenges and successful strategies that have emerged from these efforts; and

An annotated bibliography of 20 potential resources that build on the information presented in this publication.

An Overview of Infant Mental Health

Infant mental health is the developing capacity of the child from birth to 3 to: experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community, and cultural expectations for young children.

Infant mental health is synonymous with healthy social and emotional development. (ZERO TO THREE Task Force on Infant Mental Health, 2001).

Infant mental health refers to social and emotional development in very young children. While the term "mental health" often conjures negative images of mental illness or dysfunction, infant mental health is a term that encompasses a continuum of experience. Infants and toddlers can experience the full range of mental health functioning, from secure, nurturing relationships and the ability to feel the spectrum of human emotion, to dysfunction and disorders of early childhood.

Infant mental health is firmly tied to every other area of growth and development – physical growth and health, communication and language development, cognitive skills and the ability to learn. In fact, the most recent research on early brain development suggests that early nurturing relationships "differ from later relationships in that they are formative and constitute a basic structure with which all meaningful development unfolds..." (National Research Council and Institute of Medicine, 2000, pp.27). Thus, when considering infant mental health, we do not focus only on the child's unique social and emotional attributes. We look at all aspects of the child's development and also consider the child's environment: Who are the important people in the child's life? What is the quality of those relationships? What is the status of the child's physical development and health? How does the environment support the child's capacities and challenge him or her appropriately?

Infant mental health practice is a continuum of services encompassing:

the promotion of mental wellness

This refers to activities that encourage healthy social and emotional development. For example, the small ratio of children to caregivers in an Early Head Start center-based setting promotes strong attachments between children and their caregivers. Other examples include policies for health and safety, or strategies for communication and information-sharing between parents and staff members.

the prevention of mental health disturbances

This level of service includes activities that are designed to reduce the risk of mental health problems. For example, offering parenting education that focuses on problemsolving strategies, how to manage stress, healthy lifestyles, or parenting concerns.

treatment for mental health problems

The most intensive level of service is intervention that recognizes a mental health concern and helps the child and family resolve the issue. Children who are suffering from social or emotional problems need the attention of skilled professionals who can address the problem in the context of the child's family and culture.

Systems that support infant mental health should address all three levels of service in a comprehensive and integrated approach. In addition, effective systems require involvement of national, state and local stakeholders – policy makers, administrators, evaluators, front-line staff, and families. Building systems to support infant mental health is a dynamic process that spans policy initiatives, community development and frontline practice.



References:

National Research Council and Institute of Medicine. 2000. From neurons to neighborhoods: The science of early childhood development. J. P. Shonkoff and D. Phillips, (Eds.), Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

ZERO TO THREE Task Force on Infant Mental Health. (2001). Definition of infant mental health. Unpublished manuscript.

Additional Resources:

Osofsky, J. D. & Fitzgerald, H. E. (Eds.). (2000). World association of infant mental health handbook of infant mental health. New York, NY: John Wiley.

Parlakian, R. & Seibel, N. (2002). Building strong foundations: Practical guidance for promoting the social-emotional development of infants and toddlers. Washington, DC: ZERO TO THREE.

Zenah, C. (Ed.). (2000). Handbook of Infant Mental Health. New York, NY: Guilford Press.



Building Blocks for Community Systems that Support Infant Mental Health: Policy, Practice, Training, and Public Awareness

Creating a comprehensive, integrated community system of support for infant mental health is a multi-faceted task. The value of a coordinated, integrated system is the belief that children and families reap greater benefits when services and supports work together to respond to their needs. The way a system looks and operates may differ in many ways from one community to the next, but all share the philosophy that collaboration will create flexible, individualized supports and services that lead to better outcomes for children and families.

In this section, we address four components of a community system for infant mental health. Each of these system "building blocks" provides an opportunity to support infant mental health across the continuum of mental health promotion, prevention, and treatment intervention. Consider the questions posed in each area to develop a comprehensive approach to your community systems for infant mental health.

POLICIES THAT IMPACT INFANT MENTAL HEALTH

The policies that are already in place to support children and families might need to be strengthened or modified to fit your vision of a system for infant mental health. First, consider what the collective vision for early childhood mental health is amongst the stakeholders (including families, providers, and program managers) in the community. Then consider:

What rules, laws, policies, and budget priorities currently exist?

Are there relevant state policies or legislation?

Does current policy promote or impede infant mental health services?

Who should be partners in creating this system?

How will we know if the system is working?

INFANT MENTAL HEALTH PRACTICE

Infant mental health practice refers to the mental health services that are available to children and families in the community. These services encompass a wide range of activities in settings that serve infants, toddlers, and their families. Some of the questions to consider include:

What does research support as effective infant mental health practice?

What are the promising practices we might replicate?

How might the practice of infant mental health differ depending on the setting in which it is delivered?

Are there any gaps in the current array of services that are available?

How can we measure the effectiveness of infant mental health services?

TRAINING IN INFANT MENTAL HEALTH

The field of infant mental health is relatively new as a component of a comprehensive early care and education and those who identify themselves as practitioners of infant mental health are rare. Yet, many professionals interact with young children and their families in their daily work and are concerned about the healthy social and emotional development of young children. Thus, training efforts should be tailored to the various roles that professionals play. For example, child care providers, physicians, early intervention specialists, and psychologists all interact with young children and each plays a different, yet valuable, role in supporting infant mental health. Consider the following issues:

Who can provide what kind of infant mental health services? Consider the range of professionals in your community and where they contribute to the promotion, prevention, or treatment of infant mental health issues.

What training opportunities are available or needed?

Is there a way to bring interested providers together for mutual support and learning?

How can we provide ongoing professional development opportunities in this area?



PUBLIC AWARENESS ABOUT INFANT MENTAL HEALTH

The community at large needs to be aware of and invested in the importance of infant mental health. For some, the term itself is problematic and needs to be clearly defined. Use words, images, and stories that resonate with the general public to garner support for all the components of a strong system of support for infant mental health. Questions to consider include:

How can social and emotional development be a strong aspect of all early care and education programs?

Do you have a framework for a system of infant mental health that is easy to understand?

How might you define infant mental health for a variety of audiences with language that they can understand?

Do you have the support of individuals from all facets of your community, such as families of young children; early care and education providers; child care administrators; health care providers; child and adult psychologists and psychiatrists; social workers; child welfare workers; early intervention providers, and others.

The tasks outlined above may feel daunting, but each of the four building blocks plays a vital role in an effective system of care. There is no single "starting point," and how you use these building blocks to create a system may vary from one community to the next depending on your needs and resources. With these building blocks in place, you will have a strong foundation of support for the children and families in your community.



Briefing Paper #1: Infant Mental Health and Early Head Start

Early Head Start, a federally funded program for low-income pregnant women and families with infants and toddlers, provides comprehensive child development and family support services. The Head Start Program Performance Standards are the federal regulations that guide the provision of Early Head Start services. The Performance Standards describe a comprehensive array of supports and services related to mental health, including prevention, assessment and early identification of mental health disorders; professional mental health consultation; and delivery of mental health services.

Some of the common mental health challenges Early Head Start programs confront include:

Depression

Substance abuse

Parental stress from a variety of issues such as economic concerns, violence in their communities, immigration issues, relationship stressors, low self-esteem, and a lack of understanding about child development

History of unresolved grief or loss

Attachment issues between children and families

Parents with developmental delays

Domestic violence

Child behavior problems

Early Head Start programs deliver services to families in both center-based and home-based program options, or in a combination of the two. Staff members may have backgrounds in early childhood development, social work, health care, or other human service fields. Thus, there is a great deal of variety in the manner in which infant mental health is integrated in the program. Some of the strategies that Early Head Start program use include:

Hiring mental health professionals on staff

Using mental health consultants to provide training, consultation, or crisis intervention

Focusing on prevention and early identification of mental health problems

Developing partnerships with university training programs that provide services through trainees in the fields of counseling, psychology, or psychiatry

Collaborating with local mental health agencies

Community collaboration is a hallmark of the Head Start program and a critical factor in providing the scope of services required by the Performance Standards. In addition to working closely with other community programs, Early Head Start is able to provide ongoing, intensive mental health support to children and families through the close, trusting relationships that grow out of the parent involvement and family partnership opportunities available to all participants in Early Head Start.

For more information on infant mental health in Early Head Start, please see the following resources:

Early Head Start National Resource Center. (In press). Pathways to Prevention: A comprehensive guide for supporting infant and toddler mental health. Washington, D. C.: U. S. Department of Health and Human Services, Head Start Bureau.

Early Head Start National Resource Center. (2003). Early Head Start Program Strategies: Responding to the mental health needs of infants, toddlers, and families. Washington, D. C.: U. S. Department of Health and Human Services, Head Start Bureau.

Harden, B. J. (1997). You cannot do it alone: Home visitation with psychologically vulnerable families and children. Zero to Three, 17 (4), pp. 10-16.

Mann, T. (1998). Promoting the mental health of infants and toddlers in Early Head Start: Responsibilities, partnerships, and supports. *Zero to Three*, 18(2), 37-40.



Briefing Paper #2: Infant Mental Health and Infants and Toddlers with Disabilities

Part C of the Individuals with Disabilities Education Act (IDEA) legislates the services that States and territories must make available to infants and toddlers with disabilities. This legislation identifies social and emotional development among the specific areas of infant and toddler development to be addressed through early intervention services. However, it is a challenge to fully implement the spirit of this legislation for a number of reasons:

Physical, speech, or cognitive impairments are often more obvious, and easier to identify and treat. Social and emotional development in children with disabilities may be overlooked because of the concomitant problems that led them to early intervention programs.

It is difficult to assess social and emotional functioning in infants and toddlers. There are few published, reliable assessment measurements in this area and few professionals with expertise in this area.

Early intervention providers may feel that they lack the expertise to address mental health issues. Training in mental health prevention and intervention is limited in the disciplines that typically provide early intervention services.

Part C funding does not include adequate resources to identify and address the concerns parents have about mental health issues affecting their child's development. When funding is directed primarily at therapy services, there may be insufficient resources to provide emotional support to families.

Given these challenges, it is uncommon for an infant or toddler with a social or emotional problem to be referred or qualify for Part C early intervention services. It is more common to identify social or emotional problems in children who have entered the Part C system with diagnosed disabilities in other areas of development. These children may be more vulnerable to mental health problems due to their underlying disability and need additional support to cope. Thus, Part C programs are a critical link in a community system of support for infant mental health.

To meet the challenges noted above, infant mental health should be woven into States' current Part C systems in the following manner:

Ensure that social and emotional functioning is a part of all screening and assessment protocols.

Provide pre-service and ongoing training to early intervention providers.

Inform and involve parents as full partners in mental health prevention and intervention strategies.

Collaborate with community mental health providers and other national programs, such as Early Head Start, to offer coordinated and comprehensive services.

Develop guidelines for addressing social and emotional development in the Individualized Family Service Plans (IFSP) that are required for all children who receive early intervention through Part C.

Educate policy makers and program leaders, including State Interagency Coordinating Councils and Parent Training and Information Centers, about the importance of infant mental health and what they can do to have a positive impact.

For more information about early intervention and children's mental health, please see the following resources:

Hirshber, L. M. (1997/98). Infant mental health consultation to early intervention programs. Zero To Three, 18(3), 19-23.

Knitzer, J. (2000). Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness. New York, NY: National Center for Children in Poverty, Columbia University.

Sandall & Ostrosky (Eds.). (1999). The young exceptional children monograph series no. 1. Practical ideas for addressing challenging behavior. Missoula, MT: Division of Early Childhood of the Council for Exceptional Children.



Briefing Paper #3: Infant Mental Health and Child Care

Infants and toddlers are the fastest growing group of children in early care and education programs. At the same time, new research has revealed how early social and emotional experiences affect all areas of development, including cognitive and language skills and school readiness. Thus, child care providers are increasingly concerned with how to incorporate a range of mental health promotion, prevention and intervention strategies into their programs.

High quality infant and toddler child care programs can play a key role in promoting children's healthy development in the following ways:

Child care providers interact with children and families on a daily basis. They have the opportunity to develop a level of intimacy with children and families that allows them to prevent problems before they arise or to intervene early if a problem is suspected. A trusting relationship between providers and families can be the most powerful tool for supporting infant mental health.

Children's daily routines – eating, playing, sleeping – and rituals, such as daily arrival and departure, offer valuable opportunities to build relationships with children, support development and learning, and to partner with families.

The child care setting is often the first opportunity that infants and toddlers have to develop and sustain relationships with people outside of their immediate family. The experiences that children have in child care have an impact on how they understand themselves and the world around them.

Child care programs are in a position to offer support and information to parents. For example, providers may offer workshops or written materials on child development. Providers can also offer emotional support to parents who are under stress by listening, asking questions, and making referrals.

Child care programs can be a bridge to other community supports. Strong community partnerships with mental health agencies in the community can provide families with access to services that they might otherwise miss.

To build a child care program that embraces the full spectrum of infant mental health prevention, promotion, and intervention, child care programs need the resources to support their staff in this endeavor. Two critical elements of high quality early care and education programs are:

- 1) Training. Child care providers need excellent observation skills. They need to be able to identify when children are developing appropriately and when there is cause for concern. They need to be able to communicate with parents and other professionals about sensitive issues. Training topics should include how to promote healthy development as well as crisis intervention, ethical considerations, and cultural sensitivity.
- 2) **Supportive, or reflective supervision.** Child care providers need regular opportunities to reflect with their colleagues on the work that they do with children and families. This may take the form of individual meetings with a supervisor, or team meetings with other child care staff. Reflective supervision provides a safe environment for staff members to discuss challenges or problems, brainstorm solutions, recognize accomplishments, and receive emotional support.

Child care providers are on the "front lines" of mental health promotion, prevention, and intervention due to their close relationships with children and families. Armed with knowledge, skills, and resources, these professionals play an important role in a community system of care for infant mental health.

For more information on infant mental health and the child care, please see:

Collins, R., Mascia, J., Kendall, R., Golden, O., Schock, L., & Parlakian, R. (2003). Promoting mental health in child care settings: Caring for the whole child. *Zero to Three*, 23(4), 39 – 45.

Danahue, P., Falk, B., & Provet, A. (Eds.). (2000). Mental health consultation in early childhood. Baltimore, MD: Paul H. Brookes.

Healthy Child Care New England. (2000). Relationships, resiliency, and readiness: Building a system of early care and education mental health services. Brewster, MA: Author.

Parlakian, R. (2001). The power of questions: Building quality relationships with families. Washington, DC: ZERO TO THREE.



Briefing Paper #4: Infant Mental Health and Child Welfare

Infants and toddlers are the fastest category of children entering foster care in the United States. The abuse or neglect that leads infants and toddlers into the child welfare system is deeply troubling; equally disturbing are the conditions that some children must endure while in this system. For example, children may be forced to move from one foster home to another in a series of short-term placements, causing multiple losses and complicated grief. The relationships between biological family members, the foster family, and the children can be complex and confusing, further disrupting their ability to bond with a consistent, nurturing caregiver. The social and emotional well-being of infants and toddlers in the child welfare system is fragile and needs careful consideration by those around them to foster the competencies that children need to learn, get along with others, and to cope with adversity.

A community system of support for infant mental health should address the needs of infants and toddlers in the child welfare system in the following ways:

Develop public awareness. Children who have been in the child welfare system are vulnerable to problems that affect the social and economic climate of a community, such as school failure, teen pregnancy, or homelessness. Community members can support these children if they are aware of their unique challenges and the resources they need to grow in healthy, stable homes.

Educate those who are in decision-making positions about infant and toddler development and the impact of attachment on early development. Judges, lawyers, and child protective service workers wield a great deal of power in the lives of these children. They need access to information that can help them make important decisions about the care of the children, such as characteristics of infant attachment, signs of stress in very young children, and caregiving environments that support healthy development.

Provide developmental screenings and assessments to all children in the child welfare system as part of comprehensive medical and developmental health care. Due to an overburdened system, children in the child welfare system do not always receive coordinated and comprehensive health care. The circumstances that led to their involvement in the child welfare system may also contribute to increased risk for health problems and developmental delay. An initial screening as well as ongoing developmental assessments ensure that these children will have access to additional supports that they may need to address these concerns.

Coordinate with existing programs, such as Part C or Early Head Start, to provide comprehensive services that can follow the child over time. With strong community partnerships, Early Head Start, early intervention, or other early childhood programs can provide a consistent, nurturing place for children over time. If a child can keep his placement in the program despite changes in primary caregivers or other living arrangements, it provides a measure of security and consistency that is vital to early social and emotional development. The quality of the care is further enhanced if these programs can provide a case-management approach that ensures that critical information about the child's developmental history and needs is shared among those who need to know.

For more information on infant mental health and the child welfare system, please see:

Dicker, S., Gordon, E., & Knitzer, J. (2002). Improving the odds for healthy development of young children in foster care. New York, NY: National Center for Children in Poverty, Columbia University.

Fenichel, E. (Ed.). (2002). Agents of change in foster care for infants and toddlers. Zero to Three, 22(5).

Silver, J., DiLorenzo, P., Zukoski, M., Ross, P. E., Amster, B., & Schlegel, D. (1999). Starting Young: Improving the health and developmental outcomes of infants and toddlers in the child welfare system. *Child Welfare*, 78, 148-165.



Infant/Toddler Mental Health State Initiatives

MINNESOTA INFANT MENTAL HEALTH PROJECT

This initiative that seeks to support and establish a statewide framework of mental health services for infants, young children, and their families by enhancing existing programs and resources.

History and Goals of the Project

In 1995, the Minnesota Departments of Health, Human Services, and Children, Families, and Learning funded the University of Minnesota to conduct a feasibility study to determine what services are available, which ones are needed, and what state agencies can do to support infant mental health.

The team identified five broad areas that must be addressed to strengthen services:

Public Awareness: State agencies and local communities should take a leadership role in increasing public awareness of infant mental health issues.

Education and Support: State agencies and local communities should take a leadership role in providing education and support for families with infants and toddlers to foster the development of healthy parent/child relationships.

Screening: Minnesota should provide universal screening for newborns and their parents to identify families that need services. Screening should be conceptualized as an ongoing, multidisciplinary, developmental process that begins in the prenatal period and extends through the preschool years.

Assessment and Intervention: Communities should establish procedures for assessment of the parent/child dyad to establish needs and to guide referrals. Moderate level intervention should be available in all Minnesota communities to support families experiencing circumstances and vulnerabilities associated with risk to an infant's mental health. Intensive intervention should be provided to Minnesota families whose infants are at high risk or who already are experiencing problems or disorders that may indicate impaired mental health.

Training and Consultation: State agencies in Minnesota should collaborate on developing and maintaining an Infant Mental Health Network of specialists throughout the state.

The feasibility study led to an infant mental health symposium in June of 2000. The meeting brought together leaders from throughout the state to plan for the state's approach to early childhood mental health. The results of this meeting included recommendations for the state to:

develop a grant process for local communities to identify individuals to be trained as Infant Mental Health Specialists; provide leadership in training and education, including curriculum development, skill building, and parent education; and develop public awareness campaigns, advocate in the state legislature, build state and local partnerships, and involve members of diverse cultures.

In 2003, the focus of the Minnesota Infant Mental Health Project is to explore the potential of establishing an infant mental health certificate program through the University of Minnesota, and to create an online course for working with children and families in a relationship-based approach grounded in infant mental health theory and practice.

For more information:

Center for Early Education & Development. (1999). Minnesota infant mental health services feasibility study. Minneapolis, MN: University of Minnesota. Available online at http://education.umn.edu/ceed/publications/default.html.

Center for Early Education & Development. (2000). Minnesota infant mental health symposium report. Minneapolis, MN: University of Minnesota. Available on-line at http://education.umn.edu/ceed/publications/default.html.

VERMONT DEPARTMENT OF DEVELOPMENTAL AND MENTAL HEALTH SERVICES: CHILDREN'S UPSTREAM SERVICES (CUPS)

This project convened professionals from the fields of mental health, child development, education, health care, child care, and parents across the state to develop a document that helps users identify learning needs and develop an action plan.

History and Goals of the Project

In 1997, the federal Center for Mental Health Services awarded the state of Vermont a five-year grant to support the development of early childhood mental health services. The state formed 12 regional teams that facilitated new early childhood mental health services for families in communities around the state. Two needs emerged in this process: mental health clinicians who



are skilled in early childhood development; and education and training on mental health issues for those who interact with young children in a variety of capacities such as child care, health care, child welfare, and family members.

Over the next several years, parents, health care providers, mental health clinicians, Head Start and child care staff members, and early childhood education personnel met to develop a document that presents guiding principles, knowledge, and practices that support the emotional and social development of young children. The result of this effort,

Knowledge and Practices to Promote the Emotional and Social Development of Young Children, is designed for community teams (including professionals and parents) to help team members identify their knowledge, skills and learning needs and develop action plan to meet these goals. Some of the other uses of the document include:

- as a guideline for the development of an individual learning plan
- as a tool for community teams to identify their overall or combined levels of knowledge, skills and learning needs
- as a tool for supervisors in determining training needs of direct service providers
- for periodic review of skills and performance and ongoing training needs
- as a springboard for discussion of key concepts with parents, among teams or in supervision
- to help create job descriptions
- to introduce student interns and new employees to the field
- to promote understanding of the many facets of emotional and social well being in infants and young children.

This document is considered a "work in progress" and will continue to grow as the field of early childhood mental health evolves.

An important part of the group process was to explore the culture, history, traditions, and values of the people who reside in Vermont. For example, the rural location, small population, and strong community ties all have implications for how services are used. The team developed a series of guiding principles which reflect these values and beliefs:

- 1. All children have the right to be protected and to be cared for in environments that promote their health and development.
- 2. Nurturing relationships promote healthy emotional, social and neurological development in infants and young children.
- 3. Obstacles to healthy development should be identified as early as possible and appropriate resources/services provided without delay.
- 4. The family, as they define themselves according to biological and/or social kinship, plays the leading role in each child's social and emotional development.
- 5. Building on a family's skills and knowledge strengthens care giving for infants and young children.
- 6. A family's network of natural supports offers them enduring and essential resources, whereas professional services come and go.
- 7. Individuality, as well as social, economic & cultural diversity, must be honored and reflected in practice.
- 8. Communities need to actively support the critically important work of parents and early childcare providers to nurture and care for infants and young children.
- 9. Communities need to provide safe, accessible and quality environments for infants, young children and their families.
- 10. A team approach provides a strong and inclusive way to support parents and young children.

For more information:

Moroz, K., & Schoenberg, S. (2001). Knowledge and practices to promote the emotional and social development of young children. Waterbury, VT: Department of Developmental and Mental Health Services. Available on-line at http://www.state.vt.us/dmh/mhkidsemotionalsocialdevchildren.htm



FLORIDA'S STRATEGIC PLAN FOR INFANT MENTAL HEALTH

Stakeholders from across the state of Florida formed a strategic planning work group to develop a statewide system of mental health services for children and their families.

History and Goals of the Project

The Florida Developmental Disabilities Council, along with the Ounce of Prevention Fund of Florida and the Florida Department of Children and Families funded the Florida State University Center for Prevention and Early Intervention Policy to convene professionals from a wide variety of disciplines to address the lack of services, funding, and policies regarding the healthy social and emotional development of very young children.

The work group developed a plan that includes increasing public awareness, increasing the skills of service providers, ensuring infant mental health becomes part of existing programs, securing funding, and advocating for policies that support infant mental health. The plan identified three levels of services: (1) Efforts that strengthen the social and emotional development of all children; (2) Early intervention for children with developmental delays or disabilities or risk factors such as child abuse and neglect; and (3) Intervention for children who are diagnosed with an emotional disorder.

The work group defined eight goals for the statewide system:

- 1. Develop a system to prevent children birth to age five from developing emotional and behavioral disorders.
- 2. Improve and expand mental health services for children under age five with risks, delays, or disabilities.
- 3. Develop a coordinated system to screen and assess mental health needs for children birth to age five.
- 4. Develop and implement evidence-based mental health treatment and interventions for children birth to age five.
- 5. Build a training infrastructure for infant mental health in Florida including front-line caregivers, early interventionists, and mental health therapists.
- 6. Secure funding for training and mental health services for children birth to age five and their families.
- 7. Develop a social marketing campaign to raise the public awareness of the mental health needs of children birth to age five and the consequences of poor social and emotional development.
- 8. Develop public policies that support prevention and treatment of mental health for children birth to age five.

For more information:

Florida State University Center for Prevention and Early Intervention Policy. (2001). Florida's strategic plan for infant mental health: Establishing a system of mental health services for young children and their families in Florida. Tallahassee, FL: Author. Available on-line at http://www.cpeip.fsu.edu/IMHplan.pdf

CALIFORNIA INFANT, PRESCHOOL, AND FAMILY MENTAL HEALTH INITIATIVE

This initiative sought to increase the availability of mental health services to children from birth to age five, and to increase the capacity of programs that work with very young children to deliver those services.

History and Goals of the Project

In 2001, the California Children and Families Commission funded the California Department of Mental Health to conduct a pilot project in eight counties to enhance existing infant mental health services. The goals of the initiative are to:

- 1. Identify the mental health needs, resources, and services in the pilot counties.
- 2. Increase the capacity of county mental health departments to identify and serve very young children and their families.
- 3. Facilitate interdisciplinary and interagency collaboration for services and staff training.
- 4. Provide models, resources, funding options, and replicable approaches for the delivery of effective mental health services for infants and their families.

To meet these goals, the project enhanced existing services by offering screening, expanded services, and intensive intervention. Mental health consultation to community-based programs brought services to additional children. Efforts were made to link mental health services with child care programs, health clinics, and Early Head Start.

Another goal of the project was to address infrastructure barriers, such as establishing billing criteria and expanding diagnostic classifications appropriate to infants and toddlers to permit billing under medical necessity criteria. The initiative included training seminars, developing a curriculum for interventionists, and information sharing through community collaboration, conferences, and meetings.



An evaluation component is a significant part of this initiative. Some of the outcomes that will be measured include changes in the children and families, changes in service delivery, personnel development, and the capacity of the county to provide infant/family mental health services.

For more information:

Knapp, P. (2002). California Infant, Preschool, and Family Mental Health Initiative. Project report.

California Mental Health Planning Council. (2003). California mental health master plan: A vision for California. Sacramento, CA: Author. Available on-line at http://www.dmh.ca.gov/MHPC/docs/Master%20Plan/mstrplan.pdf

NEBRASKA'S EARLY CHILDHOOD MENTAL HEALTH WORK GROUP

This project has joined families, services providers, and policy makers in an effort to develop a comprehensive strategy to address Nebraska's early childhood development and mental health needs.

History and Goals of the Project

Nebraska's Early Childhood Training Center, funded by the Nebraska Departments of Education and Health and Human Services, convened the Early Childhood Mental Health Work Group in 1999 in response to increasing requests for help from early childhood programs to support healthy emotional development in young children. The work group collected data on the mental health issues that are of concern to families and providers and the resources available to meet these needs. As a result of this work, the Governor's Office held a Symposium on Early Childhood and Mental Health in May, 2001. The results of this Symposium, follow-up community forums, and the ongoing work of the Early Childhood Work Group, are reflected in the following goals:

- 1. Develop a Nebraska model for an early childhood delivery system reflective of the systems of care principles (child-focused and family centered; culturally responsive; community-based; comprehensive, coordinated, and integrated; and committed to continuous improvement and reflective supervision) which builds upon public and private services presently available.
- 2. Enhance and coordinate a statewide network of family support that engages parents in decision-making for the children and insure ongoing communication across all needed services programs.
- 3. Promote quality services with ongoing staff training that addresses mental health issues to young children and their families from early care and education programs, school programs, specialized medical and mental health programs, and supportive family programs.
- 4. Provide an ongoing public awareness campaign to increase public understanding about the importance of supporting emotional and behavioral development of young children.
- 5. Secure adequate and ongoing funding for an integrated, family-centered mental health system for young children and their families.

The ongoing work of The Early Childhood Work Group includes identifying and disseminating resources, such as screening and assessment materials to assist in the early identification and treatment of mental health disorders.

Early Childhood Training Center. (2002). Early childhood mental health: A report to Nebraska. Omaha, NE: Author. Available on-line at http://www.esu3.org/ectc/partnerships/ecmh/report.pdf

Early Childhood Training Center. (2001). Understanding young children's mental health: A framework for assessment and support of social-emotional-behavioral health. Omaha, NE: Author. Available on-line at http://www.esu3.org/ectc/partnerships/ecmh/assessframe.pdf



Annotated Resources for Building Community Systems that Support Infant and Toddler Mental Health

Department of Health and Human Services in collaboration with the Department of Education and the Department of Justice. (2000). *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda.* Washington, DC: Author.

The Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda was held in 2000, resulting in ideas and recommendations which created this report, A National Action Agenda. This report is a collaborative effort of the Department of Health and Human Services, the Department of Education, and the Department of Justice to address the mental health needs of children. The report describes goals and action steps to be taken to promote the mental health of children as well as provides details of the conference proceedings, speakers, and panels.

Ordering Information

The National Institute of Mental Health

Office of Communications and Public Liaison 6001 Executive Boulevard, Room 8184, MSC 9663 Bethesda, MD 20892-9663 301-443-4513 (phone) 301-443-4279 (fax) www.surgeongeneral.gov/topics/cmh/

Dicker, S., Gordon, E., & Knitzer, J. (2001). Promoting the Emotional Well-Being of Children and Families: Policy Paper # 2 Improving the Odds for the Healthy Development of Young Foster Children in Foster Care. New York, NY: National Center for Children in Poverty, Columbia University.

Promoting the Emotional Well-Being of Children and Families is part of a series of policy papers published by The National Center for Children in Poverty (NCCP). These guides are intended for policy makers and community leaders who are working to promote the healthy development of children and their families. Policy Paper #2 deals with the health and development issues associated with young children in foster care. The paper describes the risks young children in our child welfare system face and why the physical, emotional, and developmental health of these children needs to be addressed. Strategies for promoting the healthy development of children in the foster care system are described with action steps and suggestions for community leaders and policy makers.

Ordering Information

National Center for Children in Poverty

Mailman School of Public Health Columbia University 154 Haven Avenue New York, NY 10032 212-304-7100 (phone) 212-544-4200 (fax) www.nccp.org nccp@columbia.edu



Doerfler, A., Garcia, M., Jivanjee, P., Koroloff, N., & Simpson, J. (2001). *Systems of Care: Promising Practices in Children's Mental Health.* Portland, OR: Research and Training Center on Family Support and Children's Mental Health, Portland State University.

This monograph is intended to provide information and guidance to communities working to build systems of care to serve the mental health needs of young children and their families. It is broken down into three sections:

- 1) Introduction and Literature Review—A literature review based on research of early childhood mental health and the services and policies implemented to support the mental health needs of young children.
- 2) Data Collection and Inquiry—A description of the methods used to collect data.
- 3) Site Visits—This section describes the results from site visits to agencies supporting early childhood mental health needs. The site
- visits are each described according to philosophy, services, structure and financing, and promising practices.
- 4) Discussion and Conclusion—Recommendations from the study are provided to support those working to promote the mental health needs of young children and families.

Ordering Information

Research and Training Center on Family Support and Children's Mental Health

Portland State University 1912 SW 6th Ave, Suite 120 Portland, OR 97201 503-725-54040 (phone) 503-725-4180 (fax) www.rtc.pdx.edu rtcpubs@pdx.edu

The Ewing Marion Kauffman Foundation. (2002). Set for Success: Building a Strong Foundation for School Readiness Based on the Social-Emotional Development of Young Children. Kansas City, MO: Author.

This executive summary from the *Ewing Marion Kauffman Foundation* reports the findings, research, and recommendations from six papers. These papers were presented at the *Kauffman Early Education Exchange* in November of 2001 to focus on the link between social-emotional development to cognitive development and school readiness later in life. This summary report shows research, field studies, and the implications on policy work of the social-emotional and cognitive well-being of young children.

Ordering Information

The Ewing Marion Kauffman Foundation 4801 Rockhill Road Kansas City, MO 64110-2046 816-932-1000 (phone) www.emkf.org

Goodet, T. D., Jackson, V. H. (2003). Getting Started....and Moving on....Planning, Implementing and Evaluating Cultural and Linguistic Competency for Comprehensive Community Mental Health Services for Children and Families: Implications for Systems of Care. Washington, DC: National Center for Cultural Competence.

The National Center for Cultural Competence (NCCC) developed *Getting Started....and Moving On...* to aid organizations and systems of care working to support mental health services for children and their families. This document is a checklist of things that can be done to promote cultural and linguistic competence and provide needed mental health services. This is part of a series of papers published by the NCCC.

Ordering Information

National Center for Cultural Competence

3307 M Street, NW, Suite 401 Washington, DC 20007-3935

www.gucdc.georgetown.edu/nccc cultural@georgetown.edu 800-788-2066 (phone) 202-687-8899 (fax)



Hernandez, M. & Isaacs, M. (Eds.). (1998). *Promoting Cultural Competence in Children's Mental Health Services.* Baltimore, MD: Brookes Publishing Co.

This book is intended for program planners, practitioners, policy makers, researchers and others interested in systems of care for children with mental health disorders. The text opens with an introductory chapter that defines the term "cultural competence" and provides an overview of the field. Four sections follow the introduction:

Organizational Infrastructure Development—planning, implementation strategies, staff development, and issues pertaining to the managed care environment.

Neighborhoods and Communities as Partners in Mental Health Services—ethnographic approaches, community partnership, and family involvement.

Special Issues in Serving Culturally Diverse Populations—the impact of violence, clinical assessment and treatment, substance abuse, services to infants, toddlers, and preschoolers, and immigrant children.

Evaluation and Research Issues Facing the Development of Culturally Competent Services—conceptual, methodological, and statistical issues, and how to use research results.

Ordering Information

Brookes Publishing Company PO Box 10624 Baltimore, MD 21285-0624 800-638-3775 (phone) 410-337-8539 (fax) www.brookespublishing.com

Johnson, K., Knitzer, J., & Kaufmann, R. (2002). Promoting the Emotional Well-Being of Children and Families: Policy Paper # 4 Making Dollars Follow Sense: Financing Early Childhood Mental Health Services to Promote Healthy Social and Emotional Development in Young Children. New York, NY: National Center for Children in Poverty, Columbia University.

Promoting the Emotional Well-Being of Children and Families is part of a series of policy papers published by The National Center for Children in Poverty (NCCP). These guides are intended for policy makers and community leaders who are working to promote the healthy development of children and their families. Policy Paper #4 describes case studies of six states, the prevention and intervention efforts of the states and their communities, and what funding sources are being used for their early childhood services. The report also details funding sources and programs for early childhood mental health services and financing strategies and recommendations for programs.

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Kates, D., Kaufmann, R., & Wishmann, A. (2001). *Funding Early Childhood Mental Health Services and Supports*. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University.

This document provides an overview of the importance of preventive measures and mental health services for young children. It also describes the importance of creating a systemic approach to financing these early childhood mental health services which would involve the collaboration of various federal and state agencies, early education programs, and family advocates. The document is divided into several appendices and tables. Appendix A is a matrix of early childhood mental health services and supports with potential funding resources. This was compiled from a community team meeting held to aid other states and communities in creating a system for financing early childhood mental health services. Participants of the meeting are listed in Appendix C. Lists of mental health services and potential funding sources are listed in the tables.

Ordering Information

National Technical Assistance Center for Children's Mental Health

Georgetown University Child Development Center 3307 M Street, NW, Suite 401 Washington, DC 20007-3935 202-687-5000 (phone) 202-687-1954 (fax) www.gucdc.georgetown.edu

Kenny, H., Oliver, L., & Poppe, J. (2002). *Mental Health Services For Children: An Overview National Conference of State Legislatures, Children's Policy Initiative: A Collaborative Project on Children and Family Issues.* Denver, CO: National Conference of State Legislatures.

This report, published by the *National Conference of State Legislatures*, provides an overview of mental health services for children. It expands on the role of policymakers, funding related to mental health services, descriptions of the role of Head Start programs and other federal programs, and examples of specific states and the mental health services they provide and the funding used. Appendices are included of community-based child mental health services for each state and mental health benefits in non-Medicaid SCHIP plans for states.

Ordering Information

National Conference of State Legislatures

Book Order Department 7700 East First Place Denver, CO 80230 303-364-7812 (phone) 303-364-7800 (fax) www.ncsl.org books@ncsl.org

Knitzer, J. (2001). Promoting the Emotional Well-Being of Children and Families: Policy Paper #1, Building Services and Systems to Support the Healthy Emotional Development of Young Children: An Action Guide for Policymakers. New York, NY: National Center for Children in Poverty, Columbia University.

Promoting the Emotional Well-Being of Children and Families is part of a series of policy papers published by The National Center for Children in Poverty (NCCP). These guides are intended for policy makers and community leaders who are working to promote the healthy development of children and their families. Policy Paper #1 provides information on the needs of children who are at risk for poor emotional development. This report outlines the importance of preventive and treatment mental health services for these children and families and describes specific steps and strategies policy makers and community leaders should take to create policies for these services.

Ordering Information

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National Center for Children in Poverty Mailman School of Public Health Columbia University 154 Haven Avenue New York, NY 10032 212-304-7100 (phone) 212-544-4200 (fax) www.nccp.org



Knitzer, J. (2000). *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness.* New York, NY: National Center for Children in Poverty, Columbia University.

This issue brief highlights strategies that promote the healthy development and emotional well-being of young children and their families. It looks at initiatives across the country and shows examples from different programs. A list of contact information is provided referencing programs which are promoting the mental health of children.

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National Center for Children in Poverty

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Peth-Pierce, R. (2000). A Good Beginning: Sending America's Children to School With the Social and Emotional Competence They Need to Succeed. Bethesda, MD: The National Institutes of Mental Health.

This monograph was commissioned by FAN, The Child Mental Health Foundations and Agencies Network, to raise awareness about social and emotional readiness in young children. It is based on two papers, *Risk Factors for Academic and Behavioral Problems at the Beginning of School and Resource Guide to Selected Federal Policies Affecting Children's Emotional and Social Development and Their Readiness for School.* These papers describe research about risk factors contributing to a child's emotional and social readiness when entering school. The monograph presents information on socially and emotionally competent children, the risk factors involved in social and emotional readiness, and the effects on children not prepared for school. It also looks at Federal programs and initiatives which affect social and emotional readiness in young children, and provides insights into what research and improvements in programs are needed to ensure school readiness in children.

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The National Institute of Mental Health

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Pires, S. A. (2002). *Building Systems of Care: A Primer.* Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University.

This Primer provides detailed information on structuring and creating systems of care. It is a framework for families, community leaders, policy makers and others working on creating a system of care. The report is divided into three sections:

- 1) Introduction—explains the System of Care concept,
- 2) Structuring Stystems of Care, and
- 3) The System Building Process. Each section is broken down into specific subsections with explanations, information, key questions to consider, and a place for note taking. This resource is meant as a tool to be used by community leaders creating systems of care.

Ordering Information

National Technical Assistance Center for Children's Mental Health

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Raver, C. C., & Knitzer, J. (2002). Promoting the Emotional Well-Being of Children and Families: Policy Paper # 3 Ready to Enter: What Research Tells Policymakers About Strategies to Promote Social and Emotional School Readiness Among Three- and Four-Year-Old Children. New York, NY: National Center for Children in Poverty, Columbia University.

Promoting the Emotional Well-Being of Children and Families is part of a series of policy papers published by The National Center for Children in Poverty (NCCP). These guides are intended for policy makers and community leaders who are working to promote the healthy development of children and their families. Policy Paper #3 describes research findings on the emotional, social, and behavioral links to school readiness; the prevalence of behavioral, social, and emotional problems in children entering school and the risk factors; and the role of child care providers with children. Strategies for early intervention are described throughout the report for policy makers, researchers, parents, and teachers.

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Stroul, B. A. (2002). *Issue Brief—Systems of Care: A Framework for System Reform in Children's Mental Health.* Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University.

This is a brief published by the *National Technical Assistance Center for Children's Mental Health* in partnership with the *Child*, *Adolescent and Family Branch Center for Mental Health Services* and *the U.S. Substance Abuse and Mental Health Services Administration*, *U.S. Department of Health and Human Services*. The brief specifically describes four issues related to system reform:

- 1) The type of system reform needed for children's mental health;
- 2) The meaning of system of care concept;
- 3) The reason for using the system of care concept in the system of care framework; and
- 4) Ways to achieve the system reform goals in children's mental health.

Research is used to create this framework of system of care and to explore the system reform in children's mental health.

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Georgetown University Child Development Center 3307 M Street, NW, Suite 401 Washington, DC 20007-3935 202-687-5000 (phone) 202-687-1954 (fax) www.gucdc.georgetown.edu



Stroul, B. (2001). *Children's Mental Health: Creating Systems of Care in a Changing Society, 2nd Edition.* Baltimore, MD: Brookes Publishing Co.

Children's Mental Health is part of a book series, Systems of Care for Children's Mental Health. This series of books is intended to provide information and create awareness about the system-of-care concept in the mental health field. This comprehensive volume provides information and support to policy makers, professionals, and parents on changes in the mental health field with insight on providing services, family involvement, and community initiatives in the field. The volume is divided into five sections:

A New Paradigm for Systems of Care

System Development at Federal, State, and Local Levels

Management Issues for Systems of Care

Family Involvement in Systems of Care

Service Delivery Within a System of Care

The chapters within the sections are written by various professionals involved in the mental health field. This volume emphasizes research and examples to help improve the system-of-care for children's mental health.

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Tableman, B. (Ed.). (1998-1999). *Best Practice Briefs: Developing Community Systems of Care.* East Lansing, MI: Michigan State University.

This brief describes the concept Community System of Care as an "organization of public and private service components within the community into a comprehensive and interconnected network in order to accomplish better outcomes for a defined population". The brief delineates involved in the development of the Community System of Care with specific examples from a community.

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East Lansing, MI 48824

517-432-2500 (phone)

bpbriefs@msu.edu

http://ntweb4.ais.msu.edu/default.asp



Tableman, B. (Ed.). (1998-1999). *Best Practice Briefs: A Community System of Care for Very Young Children and Their Parents*. East Lansing, MI: Michigan State University.

This brief explores the ideas of a Community System of Care as applied to a specific population—infants and toddlers at risk and their parents. It explains the importance of a system of care for infants and toddlers in a community that would target the initiatives of health, families, education, caregiving, and healthy social-emotional development. The brief also describes the background of young children, the services they need, what those services provide, and an example of what can be done in a community to encourage a system of care for infant and toddler needs.

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